

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

|  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|--|--|--|--|---|--|------|--|--|--|--|--|---------|--|--|--|--|--|------|--|-------|--|----------|--|---------|--|-----------|--|-----|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br><small>(Only for new nonapplications under 37C.F.R. §1.53(b))</small>   |  | Attorney Docket No.  |  | PC11724D  |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|  |  | First Inventor   |  | Zheng J. Li   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|  |  | Title  |  | CRYSTAL FORMS OF AZITHROMYCIN   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|  |  | Express Mail Label No.   |  | EV272782214 US  |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |  |  |  | ADDRESS TO: <b>Mail Stop Patent Application<br/>Commissioner for Patents<br/>Box 1450<br/>Alexandria, VA 22313-1450</b>   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br><small>(Submit an original, and a duplicate for fee processing)</small>   |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or computer Program (Appendix)  |  | <b>ACCOMPANYING APPLICATION PARTS</b><br>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (COPY)<br><small>(when there is an assignee)</small><br>11. <input type="checkbox"/> English Translation Document (if applicable)<br>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations<br>13. <input checked="" type="checkbox"/> Preliminary Amendment<br>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><small>(Should be specifically itemized)</small><br>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><small>(if foreign priority is claimed)</small><br>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.<br>17. <input type="checkbox"/> Other: |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 2. <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27  |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br><small>(if applicable, all necessary)</small>   |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>44</u> ]<br><small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> |  | a. <input type="checkbox"/> Computer Readable Copy (CRF)<br>b. Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies)<br>ii. <input type="checkbox"/> Paper<br>c. <input type="checkbox"/> Statement verifying identity of above copies |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total sheets <u>33</u> ]  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 5. <input checked="" type="checkbox"/> Oath or Declaration [Total pages _____]<br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))<br><small>(for continuation/divisional with Box 18 completed)</small><br>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br><small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| 18. If a <b>CONTINUING APPLICATION</b> , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76.<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No. <u>10/152,106</u><br>Prior application information:    Examiner: _____    Group/Art Unit: _____   |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| For <b>CONTINUATION OR DIVISIONAL APPS</b> only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| <input checked="" type="checkbox"/> Customer Number <u>28523</u> or <input type="checkbox"/> Correspondence address below  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Name</td> <td colspan="4"></td> </tr> <tr> <td colspan="2">Address</td> <td colspan="4"></td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td></td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td></td> <td>Telephone</td> <td></td> <td>Fax</td> <td></td> </tr> </table>   |  |  |  |   |  | Name |  |  |  |  |  | Address |  |  |  |  |  | City |  | State |  | Zip Code |  | Country |  | Telephone |  | Fax |  |
| Name   |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| Address  |  |  |  |   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| City   |  | State  |  | Zip Code  |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| Country  |  | Telephone  |  | Fax   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| NAME (Print/type)  |  | Scott Alexander McNeil   |  | Registration No. (Attorney/Agent)   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
| Signature  |  | <i>Scott Alexander McNeil</i>  |  | Date  |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|  |  |  |  | 37,185  |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |
|  |  |  |  | 27 AUG 2003   |  |      |  |  |  |  |  |         |  |  |  |  |  |      |  |       |  |          |  |         |  |           |  |     |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

19249 U.S. PTO

10/650253



08/27/03

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment (\$750.00)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit  
Account  
Number  
Deposit  
Account  
Name

16-1445

Pfizer Inc

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description    | Fee Paid |
|--------------|----------|--------------|----------|--------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                    |          |
| 1001         | 750      | 2001         | 375      | Utility filing fee | 750      |
| 1002         | 330      | 2002         | 165      | Design filing fee  |          |
| 1003         | 520      | 2003         | 260      | Plant filing fee   |          |
| 1004         | 750      | 2004         | 375      | Reissue filing fee |          |
| 1005         | 160      | 2005         | 80       | filing fee         |          |

Subtotal (1) \$ 750

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims       |   | Extra Claims |  | Fee from below |  | Fee Paid |
|--------------------|---|--------------|--|----------------|--|----------|
| Independent Claims | 6 | - 20 =       |  | x              |  |          |
| Multiple Dependent | 2 | - 3 =        |  | x              |  |          |

| Large Entity |          | Small Entity |          | Fee Description                                   | Fee Paid |
|--------------|----------|--------------|----------|---|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |   |          |
| 1202         | 18       | 2202         | 9        | Claims in excess of 20                            |          |
| 1201         | 84       | 2201         | 42       | Independent claims in excess of 3                 |          |
| 1203         | 280      | 2203         | 140      | Multiple dependent claim, if not paid             |          |
| 1204         | 84       | 2204         | 42       | **Reissue independent claims over original patent |          |
| 1205         | 18       | 2205         | 9        | **Reissue independent claims over original patent |          |

SUBTOTAL (2) (\$)

## SUBMITTED BY

|                     |                               |                                   |             |           |               |
|---------------------|-------------------------------|-----------------------------------|-------------|-----------|---------------|
| Name (Printed/Type) | Scott Alexander McNeil        | Registration No. (Attorney Agent) | 37,185      | Telephone | (860)686-1848 |
| Signature           | <i>Scott Alexander McNeil</i> | Date                              | 27 AUG 2003 |           |               |

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 137 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-pto-9199 and select option 2.

## Complete if Known

|                      |                |
|----------------------|----------------|
| Application Number   | To Be Assigned |
| Filing Date          | Herewith       |
| First Named Inventor | Zheng J. Li    |
| Examiner Name        | To Be Assigned |
| Art Unit             | To Be Assigned |
| Attorney Docket No.  | PC11724D       |

## FEE CALCULATION (continued)

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 1051         | 130      | 2051         | 65       | Surcharge - late fee or oath   |          |
| 1052         | 50       | 2052         | 25       | Surcharge-late filing fee or cover sheet                                   |          |
| 1053         | 130      | 1053         | 130      | Non-English specification  |          |
| 1812         | 2,520    | 1812         | 2,520    | For filing a request for reexamination                                     |          |
| 1804         | 920*     | 1804         | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 1805         | 1,840*   | 1805         | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 1251         | 110      | 2251         | 55       | Extension for reply within first month                                     |          |
| 1252         | 410      | 2252         | 205      | Extension for reply within second month                                    |          |
| 1253         | 930      | 2253         | 465      | Extension for reply within third month                                     |          |
| 1254         | 1,450    | 2254         | 725      | Extension for reply within fourth month                                    |          |
| 1255         | 1,970    | 2255         | 985      | Extension for reply within fifth month                                     |          |
| 1401         | 320      | 2401         | 160      | Notice of Appeal   |          |
| 1402         | 320      | 2402         | 160      | Filing a brief in support of an appeal                                     |          |
| 1403         | 280      | 2403         | 140      | Request for oral hearing   |          |
| 1451         | 1,510    | 1451         | 1,510    | Petition to institute a public use proceeding                              |          |
| 1452         | 110      | 2452         | 55       | Petition to revive unavoidable   |          |
| 1453         | 1,300    | 2453         | 650      | Petition to revive - unintentional   |          |
| 1501         | 1,300    | 2501         | 650      | Utility issue fee (or reissue)   |          |
| 1502         | 470      | 2502         | 235      | Design issue fee   |          |
| 1503         | 630      | 2503         | 315      | Plant issue fee  |          |
| 1460         | 130      | 1460         | 130      | Petitions to the Commissioner  |          |
| 1807         | 50       | 1807         | 50       | Petitions to the Commissioner  |          |
| 1806         | 180      | 1806         | 180      | Submission of Information Disclosure Stmt                                  |          |
| 8021         | 40       | 8021         | 40       | Recording each patent assignment per property (times number of properties) |          |
| 1809         | 750      | 2809         | 375      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 1810         | 750      | 2810         | 375      | For each additional invention to be examined (37 CFR 1.129(b))             |          |
| 1801         | 750      | 2810         | 375      | Request for Continued Examination (RCE)                                    |          |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |
| 1802         | 900      | 1802         | 900      | Request for expedited examination of a design application                  |          |

Other Fee (specify)

\*Reduced by Basic Filing Fee Paid

Subtotal (3)

(\$)

(Complete if applicable)

EXPRESS MAIL NO. EY272782214 US